

Mental Hygiene Administration
Public Mental Health System

Authorization Detail Report - STATEWIDE
Authorizations Approved For Provider: XXXXXXXXXXXX-#####
From 07/01/2007 Through 08/31/2009

Consumer Details						Authorization Details			
Last Name	First Name	Cons ID	Birth Date	Eligibility	Auth Number	Service Category - Code	Units	Start Date	End Date
BALTIMORE CITY									
DOE	John	#####	#####	MA	#####	Psychiatric Rehabilitation - 7	12	#####	#####
CARROLL COUNTY									
XXX	Jane	#####	#####	UIN	#####	Psychiatric Rehabilitation - 7	12	#####	#####
CHARLES COUNTY									
HOWARD COUNTY									